

June 21, 1996

**SUDDEN UNEXPLAINED INFANT DEATH  
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number \_\_\_\_\_

Infant's full name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Home address \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 City, state, zip \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 County \_\_\_\_\_ SS# \_\_\_\_\_  
 Police complaint number \_\_\_\_\_ Police department \_\_\_\_\_

**I. CIRCUMSTANCES OF DEATH**

Action	Date	Time	By whom (person or agency)	Remarks
ME/C notified				Receipt by:
NOK notified				Person:
Scene visit				____ ME/C staff ____ Other agency ____ Not done
Scene address				
Condition of infant when found		____ Dead (D) ____ Unresponsive (U) ____ In distress (I) ____ NA (N)		
Sequence of events before death:				
Event	Date	Time	Location (street, city, state, county, zip code)	
Injury				
Discovery				
Arrival			Hospital:	Transport by:
Actual death			____ On scene (S) ____ Emergency room (E) ____ Inpatient (I) ____ En route or DOA (D) ____ During surgery (O)	
Pronounced dead			By whom: License #:	Where:
Event	Date	Time	By whom (person)	Remarks
Infant placed				Place:
Known alive				Place:
Infant found				Place:
First response				Type:
EMS called				From where:
EMS response			Agency:	
Police response			Agency:	
Place of fatal event ____ Witness in room or area (W) or ____ Unwitnessed (U) ____ At own home (H) or ____ Away from home (A) ____ Indoors (I) or ____ Outdoors (O) ____ In vehicle (V) or ____ Not in vehicle (N)			Describe type of place:	

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**II. BASIC MEDICAL INFORMATION**

Health care provider for infant:		Phone:	
Medical history <input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unk (U) <input type="checkbox"/> No past problems (N) <input type="checkbox"/> Medical problems (P)			
Medical source <input type="checkbox"/> Physician (P) <input type="checkbox"/> Medical records (M)		<input type="checkbox"/> Other health care provider (H) <input type="checkbox"/> Family (F) <input type="checkbox"/> Other (O) <input type="checkbox"/> None (N)	
<b>Specific infant medical history</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>
A. Problems during labor or delivery Birth hospital: Birth city and state:			
B. Maternal illness or complications during pregnancy Number of prenatal visits:			
C. Major birth defects			
D. Infant was one of multiple births (e.g., a twin) Birth weight: Gestational age at birth (weeks):			
E. Hospitalization of infant after initial discharge			
F. Emergency room visits in past 2 weeks			
G. Known allergies			
H. Growth and weight gain considered normal			
I. Exposure to contagious disease in past 2 weeks			
J. Illness in past 2 weeks			
K. Lethargy, crankiness, or excessive crying in past 48 hours			
L. Appetite changes in past 48 hours			
M. Vomiting or choking in past 48 hours			
N. Fever or excessive sweating in past 48 hours			
O. Diarrhea or stool changes in past 48 hours			
P. Infant has ever stopped breathing or turned blue			
Q. Infant was ever breast-fed			
R. Vaccinations in past 72 hours			
S. Infant injury or other condition not mentioned above			
T. Deceased siblings			
Diet in past 2 weeks included: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula <input type="checkbox"/> Cow's milk <input type="checkbox"/> Solids Date and time of last meal: Content of last meal:			
Medication history <input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unk (U) <input type="checkbox"/> Rx (P) <input type="checkbox"/> OTC (O) <input type="checkbox"/> Home remedies (H) <input type="checkbox"/> None (N)			
Emergency medical treatment <input type="checkbox"/> None (N) <input type="checkbox"/> CPR (R) <input type="checkbox"/> Transfusion (T) <input type="checkbox"/> IV fluids (F) <input type="checkbox"/> Surgery (S)			
Medicine names and doses; if prescription, include Rx number, Rx date, and name of pharmacy:	Describe nature and duration of resuscitation and treatments used to revive infant:		
	Describe any known injuries or marks on infant created or observed during resuscitation or treatment:		

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**III. HOUSEHOLD ENVIRONMENT**

Action	Yes	No	Unk	Remarks
A. House was visited				
B. Evidence of alcohol abuse				
C. Evidence of drug abuse				
D. Serious physical or mental illness in household				
E. Police have been called to home in past				
F. Prior contact with social services				
G. Documented history of child abuse				
H. Odors, fumes, or peeling paint in household				
I. Dampness, visible standing water, or mold growth				
J. Pets in household				
Type of dwelling:	Water source:		Number of bedrooms:	
Main language in home:	Estimated annual income:		On public assistance ____ Yes ____ No	
Number of adults (≥18 years of age): ____ and children (<18 years of age): ____ living in household. Total = ____ people.				
Number of smokers in household:		Does usual caregiver smoke? ____ Yes ____ No ____ Unk		If yes, ____ cigarettes/day
Maternal information	Age: ____	____ Married (M) ____ Divorced (D) ____ Single (S) ____ Widowed (W)	Cohabiting w/partner: ____ Yes ____ No	Education ____ Employed (E) (years): ____ Not employed (N)

**IV. INFANT AND ENVIRONMENT**

____ In crib (C) ____ In bed (B) ____ Other (O)		____ Sleeping alone (A) ____ NA (N) ____ Sleeping with others (O)		Temperature of area:		
Body position when placed		____ Unk ____ Back ____ Stomach ____ Side ____ Other				
Body position when found		____ Unk ____ Back ____ Stomach ____ Side ____ Other				
Face position when found		____ Unk ____ To left ____ To right ____ Facedown ____ Face up ____ To side				
Nose or mouth was covered or obstructed		____ Unk ____ No ____ Yes				
Postmortem changes when found		____ Unk ____ None ____ Rigor ____ Lividity ____ Other				
Number of cover or blanket layers on infant: ____ Covers on infant (C) ____ Wrapped (W) ____ No covers (N)						
Sleeping or supporting surface:			Clothing:			
Other items in contact with infant:			Items in crib or immediate environment:			
Devices operating in room:		Cooling source in room: ____ On (+) ____ Central (C) ____ None (N) ____ Off (-) ____ Space (S)		Heat source in room: ____ On (+) ____ Central (C) ____ None (N) ____ Off (-) ____ Space (S)		
Item collected	Yes	No	Item collected	Yes	No	Number of scene photos taken:
Baby bottle			Apnea monitor			Other items collected:
Formula			Medicines			
Diaper			Pacifier			
Clothing			Bedding			

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**V. INTERVIEW AND PROCEDURAL TRACKING**

Contact	Name	Date	Time	Phone	Relationship to infant
Mother					
Father					
Usual caregiver					
Last caregiver					
Placer					
Last witness					
Finder					
First responder					
EMS caller					
EMS responder					
Police					
Alternate contact person:				Phone:	

Action	Date	Time	Action
Medical record review for infant			Doll reenactment performed <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical record review for mother			Scene diagram completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician or provider interview			Body diagram completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral to social or SIDS services			Detailed protocol completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Cause of death discussed with family			Other:

**VI. OVERALL PRELIMINARY SUMMARY**

Notes to pathologist performing autopsy:

Indications that an environmental hazard, drug, poison, or consumer product contributed to death ☐ Yes ☐ No Organ or tissue donation requested by family or agency ☐ Yes ☐ No ☐ Unk

Cause of death: ☐ Presumed SIDS ☐ Suspect trauma or injury ☐ Other

**VII. CASE DISPOSITION**

Case disposition	<input type="checkbox"/> Case declined (D) due to <input type="checkbox"/> Topic (T) <input type="checkbox"/> Locale (L)	<input type="checkbox"/> Case accepted (J) for <input type="checkbox"/> Autopsy (A) <input type="checkbox"/> Inspection (I) <input type="checkbox"/> Certification (C)
Body disposition	<input type="checkbox"/> Brought in for exam (E) <input type="checkbox"/> Brought in for holding or claim (C) <input type="checkbox"/> Released from site (R)	
Who will sign DC?		
Transport agent:	Funeral home:	
Investigator and affiliation:	Date:	
	Number of supplement pages attached:	

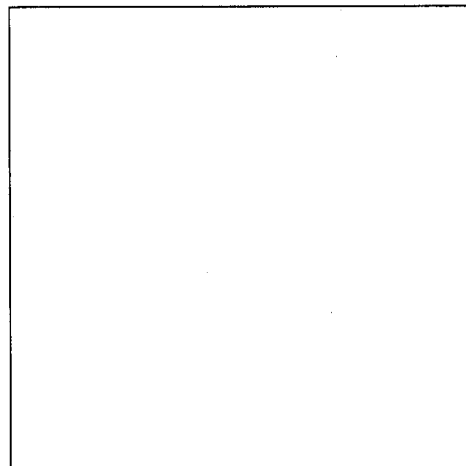
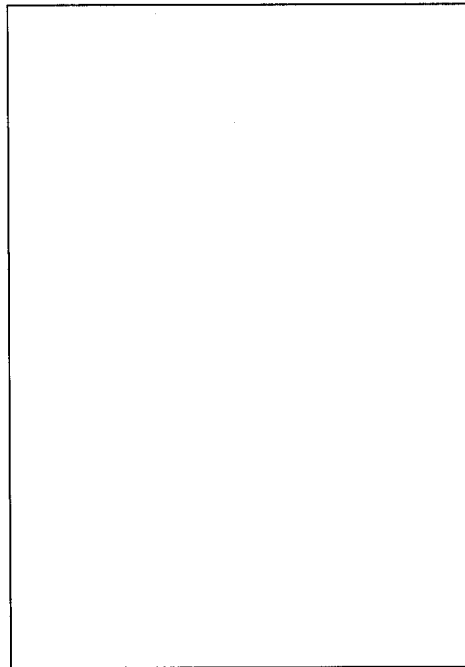
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## SCENE DIAGRAM

### Instructions

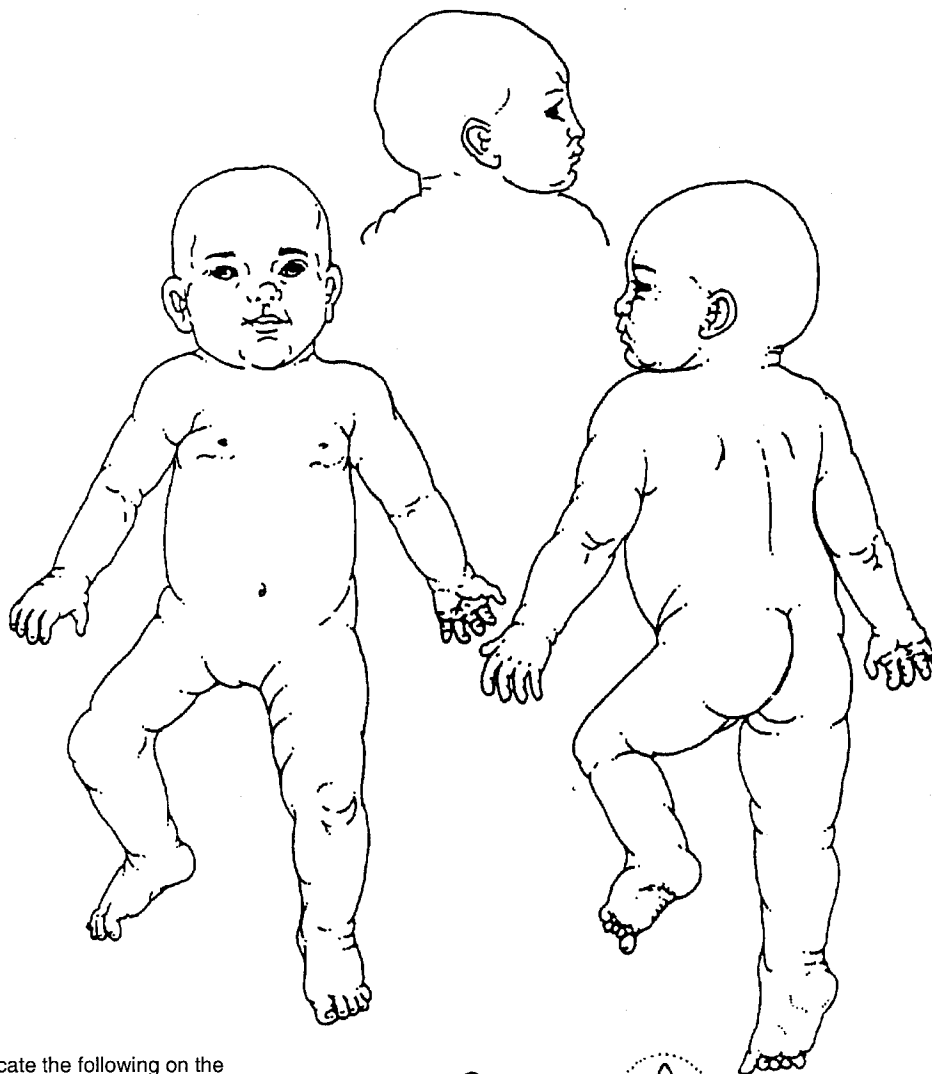
- 1) Use figure at right for a rectangular room, and use figure below right for a square room. Use a supplementary page to draw an unusually shaped room.
- 2) Indicate the following on the diagram (check when done):
  - \_\_\_ North direction
  - \_\_\_ Windows and doors
  - \_\_\_ Wall lengths
  - \_\_\_ Ceiling height: \_\_\_\_\_
  - \_\_\_ Location of furniture
  - \_\_\_ Location of crib or bed
  - \_\_\_ Body location when found
  - \_\_\_ Location of other objects in room
  - \_\_\_ Location of heating and cooling supplies and returns
- 3) Make additional notes or drawings in available spaces as needed.
- 4) Check all that apply about heat source:
  - \_\_\_ Gas furnace or boiler
  - \_\_\_ Electric furnace or boiler
  - \_\_\_ Forced air
  - \_\_\_ Steam or hot water
  - \_\_\_ Electric baseboard
  - \_\_\_ Other: \_\_\_\_\_
  - \_\_\_ None
- 5) Complete the following:
  - Thermostat setting: \_\_\_\_\_
  - Thermostat reading: \_\_\_\_\_
  - Actual room temperature: \_\_\_\_\_
  - Outside temperature: \_\_\_\_\_



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Case number \_\_\_\_\_

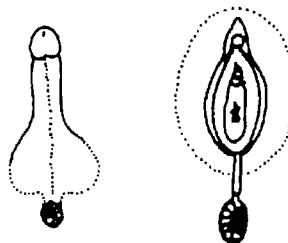
**BABY DIAGRAM**



**Instructions**

- 1) If present, indicate the following on the diagram. If not present, enter "None."
- \_\_\_\_\_ Drainage or discharge from body or orifices
  - \_\_\_\_\_ Marks or bruises
  - \_\_\_\_\_ Location of diagnostic or therapeutic devices
  - \_\_\_\_\_ Pale pressure mark areas
  - \_\_\_\_\_ Predominate areas of lividity

- 2) Complete the following:
- Body temperature: \_\_\_\_\_
- Source of temperature: \_\_\_\_\_



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**SUIDIRF SUPPLEMENT**

**SUIDIRF**  
**Sudden Unexplained Infant Death Investigation Report Form**

**INSTRUCTIONS**

**1) PURPOSE**

SUIDIRF was developed as a guide for basic investigation of sudden, unexplained infant deaths, and to promote uniformity in the collection and documentation of information obtained in such investigations. It has also been designed to facilitate the development of a standardized electronic data base.

**2) USAGE**

SUIDIRF may be used for any death of an infant or young child in which the cause of death is not apparent prior to autopsy. It may also be used for any death of an infant or child where death is due to obvious causes, using only those parts of the form that are applicable. The SUIDIRF is to be completed by the Medical Examiner or Coroner (ME/C) or Investigator acting on behalf of the ME/C who conducts the initial investigation of death

**3) COMPLETION**

The form may be completed using a blue or black pen or #2 soft lead pencil to facilitate electronic scanning, photocopying, and fax transmission. Pencil or erasable ink is recommended to facilitate corrections. In order to ensure legibility of the forms, writing on the blank side (back) of the forms is discouraged—extra notes may be included on additional pieces of paper, if required.

**4) DESIGN**

SUIDIRF was designed to facilitate its use on a clipboard and to allow easy copying. The SUIDIRF forms are bound at the top in a six page packet, but the pages may be separated from each other in order to copy, fax, or scan. Each of the six pieces of paper in the packet have printing on one side only in order to ensure legibility.

**5) COMPATIBILITY WITH OTHER FORMS AND DATA BASES**

The Centers for Disease Control and Prevention's (CDC) Medical Examiner and Coroner Information Sharing Program (MECISP) has published generic Death Investigation Report Forms (DIRFs)—one for investigators conducting the initial phases of the investigation (IDIRF), and another for the person who certifies the death or otherwise finalizes and "closes" the investigation (CDIRF).<sup>1</sup> SUIDIRF is designed in a format consistent with the DIRFs, having many information items in common. The CDIRF is such that it may be used in conjunction with the SUIDIRF.

For infant deaths, SUIDIRF would be used instead of the generic IDIRF. MECISP has also developed a generic Medical Examiner/Coroner Death Investigation Data Set (McDIDS) to foster uniformity among ME/C electronic databases.<sup>2</sup> Many of the information items in SUIDIRF are contained in McDIDS, and a McDIDS manual is available that contains recommended names for information fields as well as recommended field lengths and instructions for using each field. For SUIDIRF information items that are not included in McDIDS, similar information will be provided in subsequent



publications to guide the development of electronic data bases involving data from infant death investigations.

## **6] HISTORY OF SUIDIRF DEVELOPMENT**

The 1992 Senate Report #102-104 and House Report #102-121 recommended that the U.S. Department of Health and Human Services direct its Interagency Panel on Sudden Infant Death Syndrome to review and establish updated standard death scene investigation protocol for investigation of unexplained infant deaths. In 1993, the panel held a “Workshop on Guidelines for Scene Investigation of Sudden Unexplained Infant Deaths” to discuss and develop such a protocol.<sup>3</sup> SIDS experts and representatives from numerous federal, local, public, and private sector agencies and organizations attended, many with a direct interest in unexplained infant deaths. One of the major recommendations of the workshop was that both a short and long version of an investigation protocol be developed. SUIDIRF constitutes the short protocol form. It has been extensively reviewed and edited by the SIDS Panel. The longer version, entitled “U.S. Model Protocol SUID Investigation Protocol will be published separately in the near future. It has been designed to expand upon the information that can be obtained using the SUIDIRF.

## **7] BASIC GOAL OF THE SUIDIRF**

The basic goals of the SUIDIRF are 1) to ensure that critical issues are considered in each investigation, 2) to document the extent of investigation, and 3) to provide information to guide the pathologist in autopsy examination.

## **8] GENERAL INSTRUCTIONS**

Use military time. Military time (i.e., midnight=0000, noon=1200) facilitates computer applications and requires less space than having to indicate a.m. and p.m. Midnight (0000) belongs to the same day as 0001 (one minute after midnight).

Month and date are sufficient for many fields. Birth dates, death dates, and the date the case was reported to the ME/C should each contain the month, day, and year in MO/DAY/YEAR format (e.g., 01/05/95). For other events that occur in the same year as the report date, it is sufficient to indicate the month and day only.

Use NA to indicate that a specific item of information is not applicable in the case.

If a given item of information is not applicable in a particular case, write NA to indicate that the item is not applicable. Following this procedure will ensure that a reader of the form will know that an item has not been overlooked.

Indicating answers with an X or by circling. Most items that have multiple alternatives for an answer are preceded by a line (e.g., \_\_\_ On scene) or have a box in which an X may be written. In such cases, indicate the correct answer by writing an X on the appropriate line or box (e.g., X On Scene). In a few places, alternative answers are presented but not preceded by a line or followed by a box. In such cases, CIRCLE the appropriate response.

Correct errors by erasing or scratching through an incorrect response. If pencil or erasable ink are used, incorrect responses may be erased and corrected. If this is not possible, scratch out the incorrect response and indicate the correct response as needed with an X, or by circling, or by writing text as needed.

Understand abbreviations on the SUIDIRF. In a few places, abbreviations are used on the form to conserve space. They are:

**CPR** (Cardiopulmonary resuscitation)  
**DC** (Death certificate)  
**DOB** (Date of birth)  
**EMS** (Emergency medical services)  
**LEO** (Law enforcement officer, i.e., police)  
**NOK** (Next of kin)  
**O-T-C** (Over-the-counter medications)  
**RX** (Prescription medications)  
**SIDS** (Sudden infant death syndrome)  
**SS#** (Social security number)  
**Unk** (Unknown)

Understand specific definitions for terms used on the form. A few terms are in need of specific definition. They are:

**Doll re-enactment.** The use of a doll by the investigator or other person to assist the informants in describing the position of the infant when placed or found.

**Detailed protocol.** The U.S. Model SUID Investigation Protocol.

**EMS Caller.** The person who first called for emergency medical services.

**EMS Responder.** The person who first responded on behalf of the emergency medical service agency that was called.

**Father.** The person serving as the father at the time of the incident. The relationship as natural (birth) father, step-father, or other may be indicated.

**Finder.** The person who discovered the infant dead, unresponsive, or in distress.

**1st responder.** The person who first attempted to render aid when the infant was discovered by the finder.

**Health Care Provider.** The physician, nurse, clinic, or other medical service provider to whom, or to which the infant would usually be taken for medical care or well baby checks.

**Last caregiver.** The person who was responsible for the care of the infant on or about the time it was discovered by the finder, such as a baby sitter, a child care custodian, the mother, or other family member or person.

**Last witness.** The person who last observed the infant in or near the area where it was discovered by the finder.

**LEO.** The law enforcement officer who first responded to the scene.

**Mother.** The person serving as mother of the child at the time of the incident. The relationship as natural (birth) mother, step mother, or other may be indicated.

**Placer.** The person who placed the infant in or near the area where it was discovered by the finder.

**Usual caregiver.** The person who was responsible for providing the usual, ordinary care for the infant (such as feeding, diaper changes, etc) on an ongoing basis, such as the mother, a grandmother, an aunt or uncle, or other person.

## **9] SPECIFIC INSTRUCTIONS BY SUIDIRF PAGE**

Many of the information items on SUIDIRF are self-explanatory. Instructions are provided only for the items from which some confusion may arise.

### **SUIDIRF Page 1**

Page 1 is used to document the dates and times of critical events, including a brief description of circumstances as they were reported. Additional pages for narrative descriptions may be attached.

“**ME/C notified**” is used to document the date and time that the death was first reported to the medical examiner or coroner, and by whom it was reported. “Intake by:” is used to indicate the name of the investigator who may have received the first notification, or the name of a receptionist if other than the investigator.

“**Scene visit**” is used to indicate the date and time the medical examiner, coroner, or an investigator acting on behalf of the ME/C visited the scene and conducted an investigation. If such a scene visit occurs, enter the date and time and indicate the name of the person who went to the scene. If, for some reason, a scene investigation is not conducted by an agent of the ME/C, enter “NONE” in the date field. If scene investigation was limited to one conducted by the police or other third party, but an agent of

the ME/C did not visit the scene, write “NONE” in the date field and complete the “BY WHOM” item indicating the name and/or agency who did examine the scene.

“**NOK notified**” is used to indicate the date and time that the next-of-kin was notified of the infant’s death if they were not at the scene, as well as the person was notified and by whom he or she was notified. If the family was present at the scene and already knew of the death at the time of its report, write “NA” in the date field.

“**Death Place**” is used to indicate in general terms where death actually occurred, not necessarily where death was pronounced. Options include the scene, en route to a hospital, in the emergency room, in surgery, or after being admitted to a hospital (inpatient).

“**At hospital**” is used to document the date and time that the infant arrived at a hospital if such is the case. “Taken by” is used to indicate the transport agency, ambulance, or other information about who took the infant to the hospital.

“**Injury/event**” is used to document the date, time, and address of a known or suspected injury, OR, when injury is not apparent, to document the date, time, and address where the infant was found.

“**Actual death**” is used to specifically indicate the date, time, and address where death is thought or known to have occurred, not necessarily where death was pronounced.

“**Infant placed**” is used to document the date, time, and type of place where the infant was last placed, and who placed it before being found. A place might be listed as “crib in bedroom”

“**Known alive**” is used to document the date, time, and type of place where the infant was last seen or otherwise known (or assumed) to be alive, and who thought it to be alive.

“**1st response**” is used to document the date, time, and type of response rendered by the first person who attempted to aid or revive the infant, and who rendered such aid.

“**EMS called**” is used to indicate the date and time that emergency services were called to respond. “From where” is used to indicate the place from where EMS was called.

“**EMS response**” is used to indicate the date and time that emergency medical services personnel arrived at the scene. “Agency” is used to indicate the name of the EMS agency.

“**LEO response**” is used to indicate the date and time that police arrived at the scene. “Agency” is used to indicate the name of the police department.

In any box or space that is not applicable, “NA” may be written to ensure other users of the form that an item has not been overlooked or omitted.

The specific names and relationships of all involved individuals referenced on the lower part of SUIDIRF Page 1 should be listed in the table at the top of SUIDIRF Page 4. On SUIDIRF Page 1 it is adequate to use generic terms to indicate “BY WHOM”, such as “mother”, “sister”, “aunt”, “neighbor”, etc, because further specific details will be provided on SUIDIRF page 4.

Each of the choices in the box at the bottom of SUIDIRF Page 1 is constructed so that, on a given line, only one of the conditions can apply. Indicate the correct choice on each line with an **X**.

**“Describe type of place”** is used to give a concise, but thorough description of the place where the events leading to death occurred. A few examples include “infant’s bedroom at home”, “privately owned day care center”, “child restraint in back seat of moving car”, “infant seat in booth at fast-food restaurant”.

### **SUIDIRF Page 2.**

Page 2 is used to document the infant’s medical history information, to assess recent symptoms, signs, and behavioral changes, to document medication history, and to describe resuscitation attempts and medical treatments and procedures that were used in an attempt to revive the infant.

**“Agonal medical treatment”** is used to indicate the types of medical treatment that were rendered in an effort to revive the infant. They can be explained further, if necessary, in the space provided in the last box on SUIDIRF Page 2.

### **SUIDIRF Page 3.**

Page 3 is used to document observations about the household environment in general, to assess the environment in the immediate area where the infant was discovered, and to document evidence that may be secured. To the extent possible, the items on this page should be drawn on personal observations of the investigator who is completing the SUIDIRF.

**“HOUSEHOLD ENVIRONMENT”** is used to assess and document the presence or absence of selected risk factors in the home, even if the events leading to death occurred somewhere else.

**“Type of dwelling”** is used to document concisely the type of household such as “single family home”, “apartment”, “trailer”.

**“Water supply”** is used to document whether drinking water is “city water”, “well”, “bottled”, “spring” or other.

**“Estimated income”** is used to document the estimated annual or monthly income for the household, being sure to indicate if the estimate is annual or monthly (e.g., \$2000/mo).

**“INFANT AND ENVIRONMENT”** is used to assess and document the immediate environment in which the events leading to death occurred. This may or may not be at the household.

**“Type of area where infant was found”** is used to describe the immediate environment, such as “carpet on floor of kitchen”, “bed in parent’s bedroom.”

**“Temperature of area”** is used to document a measured temperature in the immediate area around where the infant was discovered. If a thermometer is not available, subjective terms such as “cold”, “cool”, “comfortable”, “warm”, and “hot” may be used.

The next three items are included to evaluate the possibility of asphyxia and external conditions as a cause of death. The questions are geared to evaluate the possibility of interference with breathing (such as covering of the nose and mouth) or hazards related to aspiration, choking, electrocution, excessive heat or cold, and other such external factors.

**“Describe sleeping/supporting surface”** is used to document the characteristics of the crib, bed, floor, or other object that directly supported the infant when discovered. Some examples include “sheepskin on cement floor”, “mesh seat of baby swing”, “sheeted mattress in crib”, “uncovered mattress on wood floor”, and “plastic covered foam sofa cushion on sofa”. If the surface shows easy compression or deformation, that fact should be noted and the item should be obtained as evidence.

**“List items in contact with infant other than above”** is used to document any objects, other than the sleeping surface and clothing, that was in contact with the infant, such as “plastic covered, foam-filled bumper guard”, “pacifier”, “dangling puppet on mobile.” Applicable items should be secured as evidence.

**“List items in crib or immediate environment”** Is used to document any other items in the immediate area, to which, within reason, the infant may have had access. Some examples include “pill on floor 16" from body”, “pacifier in opposite end of crib”, “electric cord draping through crib sleeping area”, etc. Appropriate items should be secured as evidence.

When possible, the manufacturer, brand, and lot or product number of relevant consumer products should be documented, using an extra form or paper if needed.

**“EVIDENCE”** is used to document items that are secured as evidence for presentation to the ME/C, crime lab, or other expert for further observation or analysis. NA means “not applicable” or “not available”, “obtained” means that the item was secured as evidence, and “not obtained” means that the item was present but it was not secured as evidence. The correct response should be circled for each item. Additional items may be added as needed.

#### **SUIDIRF Page 4.**

Page 4 is used to document interviews and procedures related to the investigation (such as review of medical records and referral of the case to SIDS services agencies), to provide notes to the pathologist, to indicate an overall assessment of whether findings point to SIDS or another diagnosis or injury, to describe interest in organ/tissue donation, and to document disposition of the body and case report.

Under **“INTERVIEW AND PROCEDURAL TRACKING”** the names of informants, their relationship to the infant, contact phone numbers, and the date and time of interview may be documented. **“Relation to infant”** should be stated as specifically as possible, such as “step-father”, “natural (or birth) father”, “maternal aunt” “neighbor” etc. **“Last Witness”** refers to the last person who knew (or saw and assumed) the infant to be alive.

**“Doll re-enactment performed”** is used to indicate whether a doll was used to assist the family or witnesses in reconstructing body and face position.

**“OVERALL PRELIMINARY SUMMARY”** is used provide notes to the pathologist concerning specific concerns (e.g. “Please note and evaluate subtle mark on neck”), to generally indicate if environmental hazards or consumer products may have contributed to death, and to indicate if the family has expressed interest in organ or tissue donation. The last line is for the investigator to indicate whether, in the investigator’s opinion to-date, investigation points to SIDS or other causes of death, and whether or not there is a suspicion of injury.

Under **“CASE DISPOSITION”**, all reported cases must be checked as either “Case Declined” or “Jurisdiction Accepted”. For cases declined, an indication is then made whether the case was declined because the cause and circumstances of death do not place the case within the ME/Cs jurisdiction (i.e., “Topic”), or because the place of fatal events or death places responsibility for investigation with the ME/C in another jurisdiction (i.e., “Locale”). For cases accepted, an indication is then made if the case was accepted mainly so an autopsy (including external examination) could be performed, or because only an external examination is needed, or in order to certify the cause and manner of death.

**“Transport agency”** is used to indicate the person or transport service who brings the body to the morgue from its location at the time of the death report. Enter NA if the body is not brought to the morgue.

**“Funeral home”** is used to indicate the authorized funeral home who will handle the disposition of the remains, whether or not the body has been brought to the morgue.

#### **SUIDIRF Page 5.**

Page 5 is used to diagram the scene in the immediate area of the infant, and to record selected observations about the scene area.

The scene diagram is self-explanatory, except to note that the box containing words is used to guide and document observations, and as a checklist to ensure that selected observations are made.

### **SUIDIRF Page 6.**

Page 6 is an infant body diagram that may be used by the investigator to note marks, bruises, discolorations, drainage from orifices, and other observations about the infant's body.

The body diagram is self explanatory and may be used by the investigator to note relevant findings. The box containing words is used as a checklist to ensure that selected observations are made and documented. Body temperature determinations should be made according to instructions by the ME/C, if made at all, and should be specified as to source (e.g., "axillary", "skin", "rectal" etc.)

### **10] PILOT TESTING**

Workshop participants recommended that pilot testing of forms and protocols be conducted. However, significant time has elapsed since the workshop and numerous requests for the SUIDIRF forms have been received. As a result, the SUIDIRF has been made available without prior pilot testing. Comments and suggestions aimed at improving the utility of the SUIDIRF are welcome, and may be directed to:

Centers for Disease Control and Prevention  
Medical Examiner and Coroner Information Sharing Program  
4770 Buford Highway NE  
Mail Stop F35  
Atlanta, Georgia 30341-3724  
Phone: (404)488-7060  
FAX: (404)488-7044  
E-mail: MECISP1@cehdeh1.em.cdc.gov

### **11] SUIDIRF MODIFICATIONS**

The SUIDIRF is available in electronic form and may be modified to meet the needs of specific ME/Cs or ME/C offices, including the provision of more or larger spaces for writing. ME/Cs are encouraged to expand on the SUIDIRF by incorporating additional information items, if needed or desired.

### **12] REFERENCES**

- 1) Hanzlick R, Parrish RG. Death investigation report forms (DIRFs): generic forms for investigators (IDIRFs) and Certifiers (CDIRFs). J Forensic Sciences. 1994;39:629-36. NOTE: The CDIRF and IDIRF have been modified slightly since publication in the referenced article. The new version may be obtained from CDC-MECISP.
- 2) McDIDS: Medical Examiner/Coroner Death Investigation Data Set Manual. Available from CDC-MECISP (50 pages). NOTE: The McDIDS Manual contains the revised IDIRF AND CDIRF.
- 3) Iyasu S, Hanzlick R, Rowley D, Willinger M. Proceedings of "Workshop on guidelines for scene investigation of sudden unexplained infant deaths"-- July 12-13, 1993. J Forensic Sciences. 1994;39:1126-36.